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EDUCATIONAL EVENTS

- March 12 (Virtual)**
September 14-15 (In-person)
2021 Physician Leadership Development Conference
- March 16**
Key 2021 CMS Updates Webinar
- March 16**
WHA Information Center Data Tools for Everyday Use - 2021 Virtual Bag Lunch Webinar Series
Session 1: How Healthy is Your Community? Webinar

WHA COVID Dashboard Shows State “Turning Back the Clock” on COVID

Mitigation behaviors remain important as vaccinations continue

As we cautiously celebrate decreasing trends in COVID case counts statewide, the Wisconsin Hospital Association Information Center’s (WHAIC’s) [COVID-19 dashboard](#) shows just how far we’ve come in tamping down virus spread and achieving some relief for the state’s hospitals and health systems.

With statewide hospitalizations falling below 300 this week, we have returned to levels not seen since late August 2020, prior to a frightening surge in cases that pushed the state’s health system to the brink.

“We’re not out of the woods,” said WHA President and CEO Eric Borgerding, “but just as we sounded alarm bells during the precipitous rise in cases we saw in the fall, we should acknowledge this encouraging trend. The rapid increase and subsequent drop in hospitalizations as reflected in WHAIC’s data is an incredible record of what we’ve been through and how our members stepped up to fight an unprecedented health challenge.”

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REMINDER: Register for Advocacy Day, Legislative Visits

No registration fee to attend Advocacy Day, but pre-registration required



The Wisconsin Hospital Association (WHA) reminds members to join hundreds of their peers for a day of learning and advocacy and [register](#) for WHA’s Advocacy Day 2021. This year’s event will be held virtually on April 14, 2021, from 8:30 a.m. - 11:30 a.m.

Attendees will have the opportunity to meet with their legislators and/or their staff virtually via the Zoom platform. Specific times, in 30-minute intervals, are set aside on April 14, 15, and 16 for the Advocacy Day legislative visits. Meetings are scheduled based on home state senate districts, to include corresponding state assembly districts.

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(REMINDER: Register for Advocacy Day, Legislative Visits . . . continued from page 1)

“Since the pandemic began and we all shifted to virtual formats, we found great success with the virtual meeting format between lawmakers and our advocates,” said WHA Vice President of Advocacy Kari Hofer.

Over the past year, WHA has held 29 virtual meetings, called “virtual roundtables,” connecting more than 220 health care leaders and advocates with 73 state and federal lawmakers.

“When registering for Advocacy Day, WHA encourages all attendees to sign up for the Advocacy Day legislative visits. We strongly believe these visits are the most important aspect of Advocacy Day,” said Hofer. “When legislators hear from you, their constituents, they listen, because you are their neighbors, their allies in the community,” Hofer added.

WHA will host a pre-Advocacy Day webinar on April 7, 2021, at 1:00 p.m. to help advocates prepare for Advocacy Day and the legislative visits. The webinar will provide an overview of why these visits are important, how legislative visits work, the logistics of the virtual format and Zoom best practices, and an overview of the issue topics WHA will ask you to discuss during your legislative appointments. Individuals can [register here](#) for the live webinar.

Learn more about the [legislative visits](#). If you have already registered for Advocacy Day and want to add a legislative visit, or if you have any questions related to the legislative visits, contact WHA Government Relations Coordinator [Laurie Fleurette](#).

PAC Contributor Kickoff Reception to Precede Advocacy Day Schedule

Contribute now and RSVP for virtual event



This year’s virtual kickoff reception for the Wisconsin Hospitals State PAC will take place on April 14 at 8:00 a.m., immediately prior to Advocacy Day.

Contributing to and participating in the kickoff reception is an excellent way for individuals who care about their hospitals and the patients they serve to support candidates who share their interest in maintaining a strong health care system in Wisconsin.

By [contributing \\$250 or more](#), you will be able to join this invite-only reception. If you’ve already made your 2021 contribution, you can RSVP for the kickoff reception to [Nora Statsick](#).

For questions about the Wisconsin Hospitals State PAC and Conduit or to contribute by phone, contact Wisconsin Hospital Association Vice President of Advocacy [Kari Hofer](#) at (608) 274-1820.

Public Policy Council Hears from State Budget Committee Leaders

Council, members ask for permanent reauthorization of DSH funding in state budget

The Wisconsin Hospital Association’s (WHA’s) Public Policy Council met on Feb. 26, ten days after the release of Governor Evers’ proposed state budget. The virtual meeting included guest presentations from co-chairs of the state’s powerful budget-writing Joint Finance Committee, Sen. Howard Marklein (R-Spring Green) and Rep. Mark Born (R-Beaver Dam).

Born related that the state is in a good position to fund certain priorities and noted that he realizes that funding for the Disproportionate Share Hospital (DSH) program is important to WHA and its members. He also stated that the governor’s proposed budget contained policy recommendations that should be addressed outside of the budget process. Legislators, Born noted, are prepared to move some of these provisions as standalone bills through the legislative process.



Sen. Howard Marklein



Rep. Mark Born

Sen. Marklein underscored his strong relationship both with WHA and with local hospitals in his area before reviewing the state’s fiscal standing, stating that discipline and restraint is still needed to protect the budget surplus Wisconsin ended with last year. Marklein noted that the budget process would include agency briefings and public hearings before potential passage by the end of June.

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(Public Policy Council Hears from State Budget Committee Leaders . . . continued from page 2)

Hospital and health system leaders on the council as well as invited hospital leaders from Sen. Marklein's and Rep. Born's districts provided the two lawmakers with their perspectives on the challenges that continue to face our state's hospitals and a reminder of everything hospitals have done to support the state and local government's COVID-19 response. Hospital leaders concluded their remarks with a unanimous appeal to the lawmakers to help permanently reauthorize hospital funding in the next state budget.

Bob Van Meeteren, president and CEO of Reedsburg Area Medical Center in Sen. Marklein's district, advised the lawmakers that federal aid to hospitals was not enough, as Reedsburg Area Medical Center used millions of dollars in cash to make up for losses that were not covered by federal aid. "We will be digging out of this financially for years," said Van Meeteren.

Van Meeteren stated that his hospital, as a Medicaid Disproportionate Share Hospital, would face a significant cut in reimbursement from the state if the Legislature does not permanently reauthorize the current Medicaid DSH program. Several other hospital representatives in attendance called attention to similar cuts their organizations would face if the budget bill doesn't reauthorize funding.

Governor Evers' proposed budget includes a permanent reauthorization of Medicaid Disproportionate Share funding for hospitals, which, if passed, avoids a cut in hospital reimbursement amounting to over \$100 million during the next biennium. This increase in funding was previously approved by Governor Evers and by Republican majorities in the state Legislature during the last state budget.

According to hospital leaders participating in the meeting, now is not the time to reduce state support for hospitals. Several hospitals and health systems highlighted the services they provided to the community and local public health departments to fight the pandemic, including large-scale vaccination and testing infrastructure and personal protective equipment for schools and other community organizations, regardless of whether the service was reimbursable by federal, state or local governments.

"Hospitals have stepped in to provide a backstop to public health in the fight against COVID," said Lisa Schnedler, president and CEO of Upland Hills Health in Dodgeville, also in Sen. Marklein's district. She added, "We've conducted 90% of virus screening in our community and are now administering vaccines. Funding is needed to do what is asked of our hospital."

Mike Schafer, CEO of Spooner Health and member of the Public Policy Council and WHA Board of Directors reminded lawmakers about the need to continue support for the Rural Critical Care Supplement, a Medicaid funding program for rural hospitals that also serve a higher number of Medicaid patients, especially as hospitals like Spooner Health are assisting the state with vaccination and testing that is largely unreimbursed.

Schafer also highlighted the work of Sen. Marklein in reforming state hospital regulations in 2014, thanking him for this important work and asking him to oppose additional mandates and regulatory requirements on hospitals proposed in the governor's budget. Some of these provisions include new state regulatory requirements on hospitals qualifying for the federal 340B program and new mandates on hospitals when they discharge patients.

Marklein agreed with the need to seek more regulatory reform, rather than adding more regulations for hospitals, saying that COVID-19 exposed a long-standing need for health care regulatory reform. Marklein added that many temporary regulatory changes made to deal with the pandemic should be made permanent.

WHA President and CEO Eric Borgerding said that such regulatory relief would be an ongoing focus for WHA. He also shared data showing that hospital and health system billings were down statewide due to the pandemic and referenced continued hesitancy regarding health care. Borgerding reiterated the "never contemplated" role that health care providers fulfilled with respect to fighting COVID, including implementing new processes and protocols to provide COVID and non-COVID care, conducting testing and administering vaccines.

Borgerding highlighted WHA's concern that the \$100 million in DSH funding passed in the last state budget might be cut, citing this as the association's primary budget priority.

Council members also received updates from WHA staff on the upcoming state budget; the work of a subcommittee of the Public Policy Council focused on public health; new recommendations from a coalition, which includes WHA, created by the Wisconsin Attorney General to tackle mental health crisis challenges; and recent federal action by Congress and the Centers for Medicaid & Medicare related to COVID-19 and surprise billing.

Your Community Health Needs Assessment Just Got Easier

New WHAIC data mapping tool now live

The WHA Information Center (WHAIC) provides actionable information to increase the efficiency and effectiveness with which Wisconsin hospitals provide care to their communities. And the latest WHAIC data resource—the Community Health Needs Assessment (CHNA) Mapping Tool—is no exception.

The CHNA Mapping Tool is designed to assist hospitals and their communities complete the tri-annual community health needs assessment. This powerful resource leverages claims data collected by WHAIC and data from the U.S. Census Bureau's American Community Survey (ACS) to help identify a community's health challenges, down to the census tract level. Accompanying the dashboard is a white paper that provides additional information on data sources as well as guidance on how to use the tool. The Health Needs Assessment Mapping Tool can be found in the [WHA member portal](#) under the "Resources" tab. For assistance or additional access, contact WHA Information Center Director of Operations [Brian Competente](#).

WHA will provide complimentary training on the CHNA Mapping Tool in a brown bag lunch webinar at noon on March 16. To learn more and register, [click here](#).

If you have any questions about this new, WHA member-only resource, contact WHA Information Center Vice President [Jennifer Mueller](#).

U.S. Senate Adds \$8.5 Billion in Rural Health Care Provider Relief to \$1.9 Trillion COVID Package

WHA works to remove unfair wage index earmark

On March 3, the United States Senate unveiled updated text for a \$1.9 trillion COVID relief package that includes an additional \$8.5 billion to support rural health care providers.

The \$8.5 billion comes on top of \$178 billion being authorized for providers in previous COVID relief packages, the vast majority of which has already gone out. The Wisconsin Hospital Association (WHA) estimates its members have received upwards of \$1.1 billion from the previous funding, while experiencing at least \$2.5 billion in losses as a result of the pandemic. Losses were mainly a result of being asked to shut down elective procedures for a number of weeks early on in the pandemic due to a lack of personal protective equipment (PPE) and the need to preserve hospital beds for COVID patients. However, providers have reported that service levels dipped again during the surge of late fall 2020, and have remained down since then as some patients are still not seeking care they would have prior to the pandemic.

WHA sent out a Hospitals Education and Advisory Team (HEAT) alert earlier this week urging hospital leaders to contact Capitol Hill to share their stories and express support for additional relief. WHA has continued to push for additional provider relief, but up until now, prior versions of the current COVID package had not included it.



In addition to this relief for rural providers, the COVID legislation also includes a number of other positive items to increase health care coverage and aid COVID response efforts, including:

- ACA Marketplace plan and COBRA subsidies, including:
 - » Allowing Individuals between 100-150% of the federal poverty level (FPL) to pay no premiums for a marketplace plan and allowing some over 400% FPL to begin qualifying for subsidies
 - » Subsidizing 100% of the cost of COBRA plans to allow individuals and families to remain on their previous employer plans after losing their job
- \$80 billion to support vaccine distribution, continued testing and contact tracing efforts, therapeutics, and medical supplies
- \$3.5 billion in mental health and substance abuse block grants
- \$450 million to help skilled nursing facilities (SNFs) avoid and mitigate COVID outbreaks
- \$500 million in grants for rural hospitals and other entities to assist with vaccine distribution and telehealth
- Allowing 501(c)(3) organizations (including hospitals) to be eligible for Paycheck Protection Program (PPP) loans if their physical location has fewer than 500 employees

Despite these beneficial items, legislators have also received pushback for including a number of earmarks in this COVID package. WHA has been working to remove one that would unfairly game the Medicare wage index to benefit only three states

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(U.S. Senate Adds \$8.5 Billion in Rural Health Care Provider Relief to \$1.9 Trillion COVID Package . . . from page 4)

on the east coast. This earmark would bring back the imputed rural floor that the Centers for Medicaid & Medicare (CMS) had allowed to expire in 2018, noting that it unfairly increased Medicare payments for the three states who had it. WHA has for years been trying to untangle aspects of the wage index (such as the [Bay State Boondoggle](#)) that unfairly warp Medicare payments to benefit some states at the expense of others.

The package is expected to be passed later this week on a party-line vote in the Senate under a budget process known as reconciliation, which will allow passage on a simple majority vote. It would then be sent back to the U.S. House for final approval. Democrats have been eyeing March 14 as the date to send a bill to President Biden's desk as federal unemployment benefits expire on that date.

Contact WHA Vice President of Federal and State Relations [Jon Hoelster](#) with questions.

Grassroots Spotlight

Congressman Kind Visits with Rural Health Care Leaders

The Wisconsin Hospital Association (WHA) joined the Rural Wisconsin Health Cooperative (RWHC) and rural health care leaders in a meeting with Congressman Ron Kind on Feb. 25. Health care advocates thanked Kind for his work on getting important rural health care priorities in the 2020 federal year-end COVID package and asked for his continued support as the new COVID package works its way through Congress.



Last Chance to Register for WHA Physician Leadership Development Conference Virtual and In-Person Events

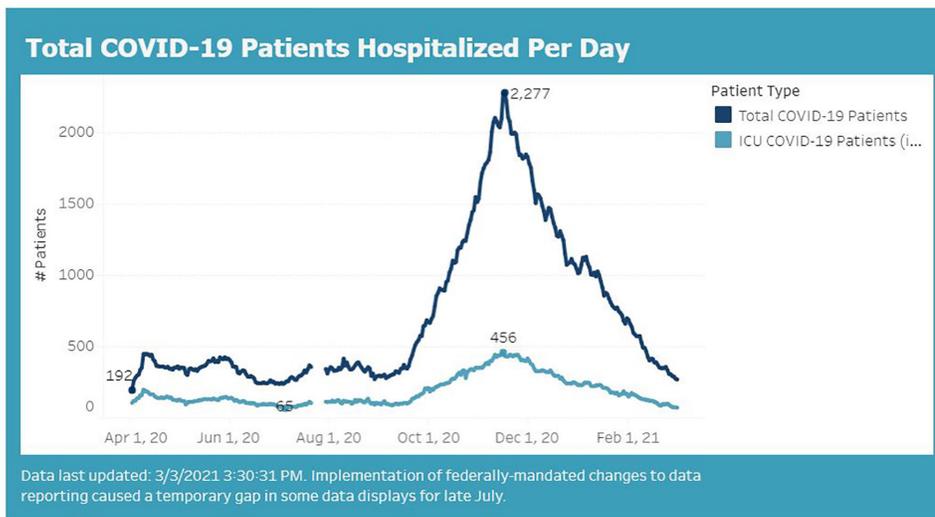
In response to attendee feedback and continued prohibitions on public gatherings, the Wisconsin Hospital Association (WHA) is adapting its Physician Leadership Development Conference to include two distinct, but complementary professional development opportunities, one virtual and one in-person.

The Physician Leader Learning Day, a virtual conference, will take place March 12, 2021. The Physician Knowledge Sharing Event is planned as an in-person event in Kohler Sept. 14-15, 2021. Both events offer continuing medical education-certified instruction focused on developing leadership skills, while also providing a forum for discussion, networking and collegiality. Registration is inclusive of both sessions.



Complete event information and registration is available [here](#). For questions regarding this event or any other WHA educational opportunity, email education@wha.org.

(WHA COVID Dashboard Shows State “Turning Back the Clock” on COVID . . . continued from page 1)



While the state’s vaccination program ramps up, it is important to remain vigilant with respect to the behaviors that have helped drive this downward case trend. The WHA-led [Stop the COVID Spread! coalition](#) will soon be introducing new, sharable digital messages and images that encourage continued mask wearing, social distancing and hand washing.

WHAIC created the online COVID-19 dashboard to help policymakers and the public better understand the impact of the COVID-19 pandemic in Wisconsin. The dashboard features easy-to-understand visualizations of daily COVID-19 hospitalizations and

equipment capacity, including bed count, available ventilators and the number of hospitals with seven or fewer days of supplies of PPE. The interactive dashboard allows views of both statewide and healthcare emergency readiness coalition (HERC) regional data and has become a go-to resource for media and state and national leaders seeking the best information to inform their decision making, logging nearly a million page views to date.

WHA will soon be sharing with members digital assets for use in owned and social media to encourage continued safe practices to fight virus spread.

Fast Facts from the WHA Information Center: Brain Injuries



Most people never imagine living with the effects of a long-term brain injury, but upwards of 5.3 million people in the United States are living with a permanent brain-related injury. Roughly 2.8 million Americans sustain a traumatic brain injury each year. According to the Brain Injury Association of America, 47% of brain injuries occur from falls. Older adults have a greater risk of falls, and therefore, an increased risk for sustaining a traumatic brain injury.

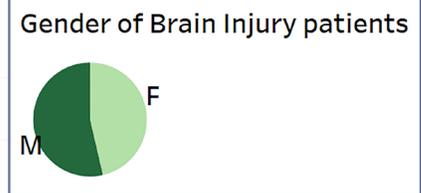
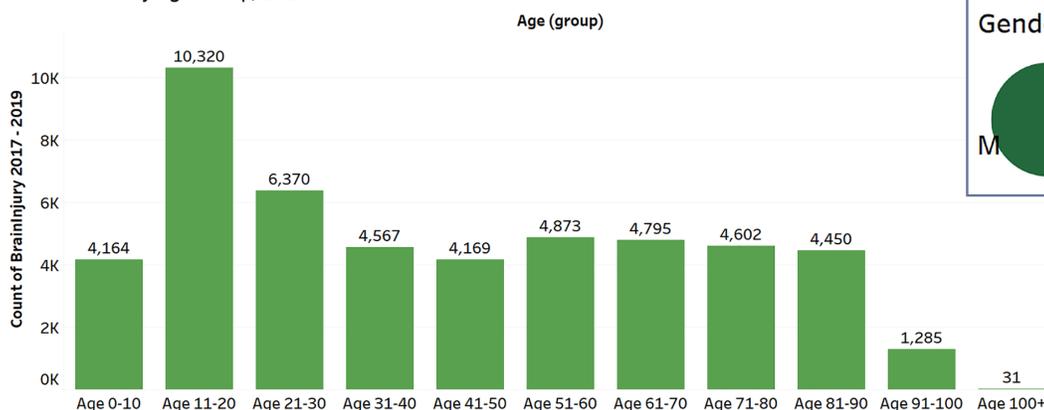
The second leading cause of brain injuries at 17% is being struck against something, while 13% of brain injuries result from motor vehicle accidents, the third-leading cause.

The Brain Injury Association of America also reports that every nine seconds someone in the United States sustains a brain injury. There are two different types of brain injuries: acquired brain injury (ABI) and traumatic brain injury (TBI). An ABI is a brain injury that causes damage to the brain through internal factors. This includes things like lack of oxygen to the brain, exposure to toxins and pressure from a tumor. A TBI is an alteration of brain function caused by an external force.

The Wisconsin Hospital Association Information Center analyzed traumatic brain injuries from the collected claims data from 2017 to 2019 for inpatient, outpatient, emergency department visits and observation visits. In total for those years, roughly 50,000 brain injuries were suffered by patients. The average age of patients who visited the above facilities was 39. In keeping with the Brain Injury Association of America's data, many older adults sustained head injuries from falls, but there were many children who were injured from sports and other accidents. Male patients visited facilities for brain injuries more frequently than females. On average, patients admitted to hospitals with a TBI stayed for about two days before being released.

March is Brain Injury Awareness Month, and the Brain Injury Association of American hopes that its awareness campaign will increase understanding of brain injury as a chronic condition, reduce the stigma associated with having a brain injury, showcase the diversity of injuries and the demographics of the community, and improve care and support for individuals with brain injury and their families. The #MoreThanMyBrainInjury social media campaign aims to help educate people about what it is like to live with a brain injury.

Patient Visits by Age Group, 2017-2019



Map count of Brain Injury patients, 2017-2019

